

**Andrews Hooper Pavlik PLC  
5300 Gratiot Rd  
Saginaw, MI 48638-6035  
989-497-5300**

**Filing Instructions**

**Form TD F 90-22.1**

**Report of Foreign Bank and Financial Accounts**

**Taxable Year Ended December 31, 2007**

**Name:** James D Pieron, Jr.

**Date Due:** June 30, 2008

**Mail To:** Internal Revenue Service  
U. S. Department of the Treasury  
P. O. Box 32621  
Detroit, MI 48232-0621

**Signature:** You should sign and date the form.

**Other:** Initial and date the copy and retain it for your records. Do not mail Form TD F 90-22.1 with your 2007 Form 1040 return.

DEFENDANT'S  
EXHIBIT  
1011  
US v. PIERON

Department of the Treasury <b>TD F 90-22.1</b> (Rev. 7/00) SUPERSEDES ALL PREVIOUS EDITIONS		<b>REPORT OF FOREIGN BANK          AND FINANCIAL ACCOUNTS</b>  Do <u>NOT</u> file with your Federal Tax Return			<b>1</b>  OMB No. 1506-0009	
1 Filing for Calendar Year Y Y Y Y 2007		2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Fiduciary			3 Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> 111	
<b>Part I Filer Information</b>						
4 Last Name or Organization Name  PIERON, JR.				5 First Name  JAMES		6 Middle Initial  D
7 Address (Number, Street, and Apt. or Suite No.)  <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> 6 <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>					8 Date of Birth M M D D Y Y Y Y 10/01/1969	
9 City  <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>		10 State  <div style="background-color: black; width: 20px; height: 1.2em; display: inline-block;"></div>	11 Zip/Postal Code  <div style="background-color: black; width: 40px; height: 1.2em; display: inline-block;"></div> 8	12 Country  		
13 Title (Not necessary if reporting a personal account.)						
14 Are these accounts jointly owned? a <input type="checkbox"/> Yes b <input checked="" type="checkbox"/> No		15 Number of joint owners  		16 Taxpayer Identification Number of joint owner (if known)		
17 Last Name or Organization Name				18 First Name		19 Middle Initial
<b>Part II Information on Financial Accounts</b>						
20 Number of Foreign Financial Accounts in which a financial interest is held  6		21 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other _____				
22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input checked="" type="checkbox"/> Over \$1,000,000				23 Account Number or other designation  206-251262.60Z		
24 Name of Financial Institution with which account is held UBS				25 Country in which account is held SWITZERLAND		
26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.				27 Last Name or Organization Name of Account Holder		
28 First Name				29 Middle Initial	30 Taxpayer Identification Number	
31 Address (Number, Street, and Apt. or Suite No.)					32 City	
33 State	34 Zip/Postal Code	35 Country				
36 Signature					37 Date M M D D Y Y Y Y 05/17/2012	

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations (31 CFR 103). No report is required if the aggregate value of the accounts did not exceed \$10,000. SEE INSTRUCTIONS FOR DEFINITION. File this form with:

**U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621.**

#### PRIVACY ACT NOTIFICATION

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a(e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 103.

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties.

Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report.

Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 103. The Social Security number will be used as a means to identify the individual who files the report.

Form TD F 90-22.1

**Continuation Page**

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for Calendar Year 3 Y Y Y Y <b>2007</b>		2 Taxpayer Identification Number [REDACTED] 111		4 Filer Last Name or Business Name <b>PIERON, JR.</b>		Page Number <b>2 OF 3</b>	
2 Type of Filer a <input checked="" type="checkbox"/> Individual c <input type="checkbox"/> Corporation b <input type="checkbox"/> Partnership d <input type="checkbox"/> Fiduciary		21 Type of Account a <input checked="" type="checkbox"/> Bank c <input type="checkbox"/> Other b <input type="checkbox"/> Securities		22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input checked="" type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input type="checkbox"/> Over \$1,000,000			
23 Account Number, or other designation <b>273-240743.60X</b>				24 Name of Financial Institution with which account is held <b>UBS</b>			
25 Country in which account is held  <b>SWITZERLAND</b>		26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes b <input type="checkbox"/> No <small>If no, complete boxes 27-35.</small>		27 Last Name or Organization Name of Account Owner			
28 First Name		29 Middle Initial		30 Taxpayer Identification Number		31 Address (Number, Street, and Apt. or Suite No.)	
32 City		33 State		34 Zip/Postal Code		35 Country	

  

2 Type of Filer a <input checked="" type="checkbox"/> Individual c <input type="checkbox"/> Corporation b <input type="checkbox"/> Partnership d <input type="checkbox"/> Fiduciary		21 Type of Account a <input checked="" type="checkbox"/> Bank c <input type="checkbox"/> Other b <input type="checkbox"/> Securities		22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input checked="" type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input type="checkbox"/> Over \$1,000,000			
23 Account Number, or other designation <b>202-628697.60J</b>				24 Name of Financial Institution with which account is held <b>UBS</b>			
25 Country in which account is held  <b>SWITZERLAND</b>		26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes b <input type="checkbox"/> No <small>If no, complete boxes 27-35.</small>		27 Last Name or Organization Name of Account Owner			
28 First Name		29 Middle Initial		30 Taxpayer Identification Number		31 Address (Number, Street, and Apt. or Suite No.)	
32 City		33 State		34 Zip/Postal Code		35 Country	

  

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23 Account Number, or other designation <b>273-241260.60K</b>				24 Name of Financial Institution with which account is held <b>UBS</b>			
25 Country in which account is held  <b>SWITZERLAND</b>		26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes b <input type="checkbox"/> No <small>If no, complete boxes 27-35.</small>		27 Last Name or Organization Name of Account Owner			
28 First Name		29 Middle Initial		30 Taxpayer Identification Number		31 Address (Number, Street, and Apt. or Suite No.)	
32 City		33 State		34 Zip/Postal Code		35 Country	

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**U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621.**

**Paperwork Reduction Act.** The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Department of the Treasury, Financial Crimes Enforcement Network, Suite 200, 2070 Chain Bridge Road, Vienna, VA 22182-2536. You are not required to provide the requested information unless a form displays a valid OMB control number.

Form TD F 90-22.1

**Continuation Page**

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for Calendar Year 3 Taxpayer Identification Number 4 Filer Last Name or Business Name		Page Number	
Y Y Y Y 2007		111 PIERON, JR. 3 OF 3	

  

2 Type of Filer a <input checked="" type="checkbox"/> Individual c <input type="checkbox"/> Corporation b <input type="checkbox"/> Partnership d <input type="checkbox"/> Fiduciary		21 Type of Account a <input checked="" type="checkbox"/> Bank c <input type="checkbox"/> Other b <input type="checkbox"/> Securities		22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input checked="" type="checkbox"/> Over \$1,000,000	
23 Account Number, or other designation 925887-12			24 Name of Financial Institution with which account is held CREDIT SUISSE		
25 Country in which account is held  SWITZERLAND		26 Does the filer have a financial interest in this account? a <input checked="" type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.		27 Last Name or Organization Name of Account Owner	
28 First Name		29 Middle Initial		30 Taxpayer Identification Number	
32 City		33 State		34 Zip/Postal Code	
35 Country					

  

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23 Account Number, or other designation 35981701			24 Name of Financial Institution with which account is held JPMORGAN		
25 Country in which account is held  ENGLAND		26 Does the filer have a financial interest in this account? a <input type="checkbox"/> Yes b <input checked="" type="checkbox"/> No If no, complete boxes 27-35.		27 Last Name or Organization Name of Account Owner	
28 First Name		29 Middle Initial		30 Taxpayer Identification Number	
32 City		33 State		34 Zip/Postal Code	
35 Country					

  

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JAMES D PIERON, JR.

FORM TD F 90-22.1 STATEMENT 12/31/07

MR. PIERON WAS INVOLVED WITH SEVERAL ENTITIES WHILE IN SWITZERLAND AND WAS UNAWARE OF THE FILING AND REPORTING REQUIREMENTS FOR THE FOREIGN BANK ACCOUNTS. ONCE MADE AWARE OF THE FILING REQUIREMENTS, HE IMMEDIATELY TOOK STEPS TO COMPLY BY SEARCHING THROUGH SEVERAL YEARS OF RECORDS TO OBTAIN THE REQUIRED INFORMATION. INCLUDED ON FORM TD F 90-22.1 IS ONE PERSONAL ACCOUNT, FOUR BUSINESS ACCOUNTS OF WHICH MR. PIERON WAS A GREATER THAN 50% OWNER AND ONE ACCOUNT WHICH HE HAD SIGNATURE AUTHORITY ONLY.